Please return this completed form in the Sunday Collection or mail back to 625 Lake St., Grangeville, ID 83530

Sts. Peter & Paul Parish Registration Form

Family Name _____ Phone _____Date _____

Street Address _____ Mailing Address: _____

City _____ State_____ Zip _____

Work Phone _____ Occupation _____

Work Phone (wife)_____ Occupation _____

E-mail address: _____

Marital status: Single _____ Married _____ Date of Marriage _____

Widowed _____ Single Parent _____ Separated _____

Divorced _____

Name (of all who live in the household)	**M/F**	**Birth date**	**Baptized Y/N**	**First Communion Y/N**	**Confirmed**	**Year in school**

Areas you would like to serve the parish: (Lector, Usher/Greeter, Eucharistic Minister, Maintenance, Cleaning)

_____

_____

_____